

STATE OF MONTANA
JOHN MORRISON
State Auditor and Commissioner of Insurance
840 Helena Ave.
Helena, Montana 59601
<http://sao.mt.gov/>

**NOTIFICATION OF LICENSED LIFE INSURANCE PRODUCER TO ACT AS VIATICAL
SETTLEMENT BROKER**

I, _____,
(Name of Montana Licensed Insurance Producer)

have been licensed a life insurance producer since _____
(Date the producer was licensed)

and my Montana producer license number is _____
(Montana producer license number)

I have been licensed as a life producer in _____,
(Home State of Agent)

since _____
(Date life producer was licensed in home state) (Home state producer license number)

I wish to inform the State Auditor and Commissioner of Insurance of my intention to act as a
Viatical Settlement Broker. I began acting as a Viatical Settlement Broker on _____.
(Date)

I further state that I will conduct myself a Viatical Settlement Broker in accordance with Section 33,
Chapter 20, Part 13, MCA. I have also enclosed my one-time application fee of \$50 with this
Notification. I have enclosed a copy of the disclosure form that I have prepared which states to the
viator that I represent the viator and owe the viator a fiduciary duty and to act according to the viator's
instructions and in the best interest of the viator. Please remember that all Viatical Settlement
Brokers are required to provide to the Insurance Commissioners Office, by March 1 forms VSB 001,
VSB 002 and VSPB 001, which are located at <http://sao.mt.gov/>.

(Signature of Insurance Producer)

(Date Notification was signed)

Viatical Settlement Broker Report

Calendar year
200__

Viatical Settlement Broker's Name _____

All States and Territories

	1	2	3	4	5	6	7			1	2	3	4	5	6	7
States	Are you doing business in this state? (Y/N)	Total number of policies reviewed for consideration	Total number of policies represented for viatication	Total number of policies where representation was refused	Total number of policies sold to a provider	Aggregate net death benefit viaticated	Aggregate net amount paid to viators		States	Are you doing business in this state? (Y/N)	Total number of policies reviewed for consideration	Total number of policies represented for viatication	Total number of policies where representation was refused	Total number of policies sold to a provider	Aggregate net death benefit viaticated	Aggregate net amount paid to viators
Alabama									New Jersey							
Alaska									New Mexico							
Arizona									New York							
Arkansas									North Carolina							
California									North Dakota							
Colorado									Ohio							
Connecticut									Oklahoma							
Delaware									Oregon							
Dist. of Columbia									Pennsylvania							
Florida									Rhode Island							
Georgia									South Carolina							
Hawaii									South Dakota							
Idaho									Tennessee							
Illinois									Texas							
Indiana									Utah							
Iowa									Vermont							
Kansas									Virginia							
Kentucky									Washington							
Louisiana									West Virginia							
Maine									Wisconsin							
Maryland									Wyoming							
Massachusetts									American Samoa							
Michigan									Guam							
Minnesota									Puerto Rico							
Mississippi									U.S. Virgin Islands							
Missouri									Canada							
Montana																
Nebraska									Totals							
Nevada																
New Hampshire																

Viatical Settlement Broker Reporting—All States and Territories Instructions

NOTE: *This form must be accompanied by “Viatical Settlement Provider/Broker Certification Form.”*

1. Indicate (Y or N) to all the states and territories where you are currently doing business.
2. Indicate the total number of policies you reviewed for consideration for that state or territory.
3. Indicate the total number of policies you represented for viatication in that state or territory.
4. Indicate the total number of policies you refused to represent for that state or territory.
5. Total number of policies sold to a provider.
6. List the total aggregate net amount of the policies you transacted for viatication in that state or territory.
7. Regarding transaction where you functioned as a broker, list the total aggregate net amount paid to viators in that state or territory.

Viatical Settlement Broker Report

Calendar year

Viatical Settlement Broker's Name

[State] Insureds Only

200_____

[illegible]

VSB 002

Initials of preparer: _____

Viatical Settlement Broker Report—[State] Insureds Only Instructions

NOTE: *This form must be accompanied by “Viatical Settlement Provider/Broker Certification Form.”*

1. List the settlement number, case number, or unique identifying number used by the Viatical Settlement Provider to identify the specific viatical settlement transaction.
2. List the date sold of the viatical settlement contract to the Viatical Settlement Provider.
3. List the total net death benefit.
4. List the net amount (in dollars) paid to the viator.
5. List the amount of commissions (in dollars) paid to all viatical settlement brokers involved in the transaction.
6. List the name of the Viatical Settlement Provider involved in the viatical settlement transaction.

VSB 002 Instructions

Initials of preparer: _____

Viatical Settlement Provider/Broker Certification Form

This section should be completed by viatical settlement providers.

Please check all forms submitted:

- ☐ Viatical Settlement Provider Reporting Form - All States and Territories (VSP 001)
- ☐ Viatical Settlement Provider Reporting Form - [State] Viators Only (VSP 002)
- ☐ Individual Mortality Report - [State] Insureds Only (VSP 003)

I hereby certify that the information contained in the reports indicated above is true and accurate. I acknowledge that providing false and misleading information in the reports, or failing to divulge a fact material thereto, is sufficient grounds for administrative action by the commissioner and potentially, applicable criminal penalties

Signature of individual that prepared reports

Date: ____/____/____

Print or type name

Signature of Authorized Representative

Date: ____/____/____

Print or type name

This section should be completed by viatical settlement brokers.

Please check all forms submitted:

☐ Viatical Settlement Broker Reporting Form - [All States and Territories] (VSB 001)

☐ Viatical Settlement Provider Reporting Form - [State] Viators Only (VSB 002)

I hereby certify that the information contained in the reports indicated above is true and accurate. I acknowledge that providing false and misleading information in the reports, or failing to divulge a fact material thereto, is sufficient grounds for administrative action by the commissioner and potentially, applicable criminal penalties

Signature of individual that prepared reports

Date: ____/____/____

Print or type name

Signature of Authorized Representative

Date: ____/____/____

Print or type name